## STATE OF LOUISIANA LAGOV ERP-HUMAN CAPITAL MANAGEMENT DIRECT DEPOSIT ENROLLMENT AUTHORIZATION MAIN BANK (PRIMARY ACCOUNT)



EMPLOYEE SSN	DEPARTMENT/OFFICE C	R AGENCY	
ACTION TYPE (✓ one)  ☐ NEW ☐ CHANGE	☐ TERMINATE THIS (	OPTION	
	ARY ACCOUNT INFO (Main Bank) LL BE EQUAL TO NET PAY LE	RMATION SS ANY DEPOSITS TO SECONDARY ACCOUNTS.	
FINANCIAL INSTITUTION NAME	FINANCIAL INSTIT	UTION ROUTING (ABA) NUMBER (Bank Key)	
BANK ACCOUNT NUMBER	ACCOUNT NAME *	(Ex: Mr. and Mrs. John Doe, John or Jane Doe, John Doe)	
ACCOUNT TYPE ( one) (Bank Control Key)  **CHECKING (provide voided check or account verification)	financial institu	**Account verification or completion of enrollment form by financial institution will assure the accuracy of account data:  Signature from institution:	
**SAVINGS (obtain account # & ABA # from financial institution	Effective Date	PAYDAY	
	Phone number:		
(Print full name)			
I check to the account at the financial institution		equest the State of Louisiana to direct my net pay	
specified. Considering all above condition notification to terminate, or another signed for and the State of Louisiana has had reason	s are met, this authorization (OSUP/F12A) indicationable opportunity to act occount information indicates	appropriate, should any changes occur to accour on remains in full effect until a written, signe ng termination of this option is received from m n the termination. However, I understand an d on this form as well as any account information Employees Online (LEO).	
☐ I affirm that the entire amount of designated above <b>will not</b> subsequent	of the payroll direct deposed by the forwarded to a foreign of the payroll direct deposed to the payroll direct deposed by the payroll direct deposed to the	its sent to my account at the financial institution	
*Deposits can only be made to accounts that bel- parent/guardian when the employee is a dependent of **Agency requirements may vary. Contact your En	of the parent/guardian.	Phone number where you can be reached between 8:00 am and 4:30 pm osits can be made to the accounts of dependents or you have any questions.	
TO BE COMPLETED BY EMPLOYEE ADMINISTR.	ATION OFFICE:		
MAIN BANK	FINANCIAL INSTITUTION ROU	TING (ABA) NO. (If not provided above)	
PERSONNEL AREA NUMBER	PERSONNEL NUMBER	EFT VALIDITY DATE	

☐ CHECK HERE IF SECONDARY ACCOUNT FORMS ARE ATTACHED